

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2406831
Decision Date:	07/12/2024	Hearing Date:	05/20/2024
Hearing Officer:	Alexandra Shube	Record Open to:	06/24/2024

Appearance for Appellant:

Via telephone:



Appearance for MassHealth:


Via telephone:

Krystina Trout, Springfield MEC



*The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, Quincy, Massachusetts 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Long-Term Care Eligibility; Verifications
Decision Date:	07/12/2024	Hearing Date:	05/20/2024
MassHealth's Rep.:	Krystina Trout	Appellant's Rep.:	
Hearing Location:	Springfield MassHealth Enrollment Center Remote	Aid Pending:	No

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through a notice dated April 22, 2024, MassHealth denied the appellant's application for MassHealth long-term care benefits because the appellant failed to submit all requested information needed to determine the appellant's eligibility within the required time frame (Exhibit 1). The appellant filed this appeal in a timely manner on April 29, 2024 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

At the request of the appellant, the record was held open until June 19, 2024 for the appellant's representatives to submit the missing verifications. MassHealth was given until July 3, 2024 to review and respond to the appellant's submission, but responded on June 24, 2024 and the record closed.

Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth benefits for failure to submit requested verifications in a timely manner.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant failed to submit requested verifications in a timely manner.

Summary of Evidence

The representatives for the appellant and MassHealth both appeared at hearing via telephone. The MassHealth representative testified as follows: the appellant is over the age of 65 and a resident of a nursing facility. There was a reapplication on January 2, 2024 which is the controlling application date. The facility is requesting a start date of June 1, 2023; however, with the reapplication date of January 2, 2024, the earliest date that could be considered is October 1, 2023. On January 16, 2024, MassHealth issued a request for information with a due date of April 15, 2024. MassHealth did not receive all the requested verifications and, on April 22, 2024, issued a notice informing the appellant that she did not qualify for MassHealth long-term care benefits because she did not provide MassHealth with the information it needed to decide her eligibility within the required time frame. This is the notice under appeal. The appellant filed a new application on April 21, 2024 and a new request for information was sent on May 2, 2024. All verifications listed on the May 2, 2024 request for information (which were also on the January 16, 2024 request and April 2024 denial) remain outstanding. Verifications outstanding included information on an annuity, various bank statements with verification of withdrawals and deposits for multiple accounts, and a private pay statement.

The appellant's representatives stated that some of the statements requested had already been sent in but they could re-submit them. After a spend down, the requested start date will be October 13, 2024 and they will submit a new SC-1.

The record was held open until June 19, 2024 for the appellant to submit the outstanding verifications. MassHealth was given until July 3, 2024 to review and respond to the appellant's submission.

On June 21, 2024, MassHealth responded via email and stated that it did not receive all the missing verifications. Since the hearing, the only document received was the private pay statement from the facility. The appellant's representatives responded via email with the packet that it had submitted to EDMC via fax on June 19, 2024. On June 24, 2024, MassHealth informed parties that

she had reviewed the appellant's submission and the following verifications were still outstanding:

Annuity ending in [REDACTED]: information received does not show the purchase price and copy of check used to purchase annuity, or verification that the Commonwealth of MA is listed as beneficiary with the annuity company, as previously requested. Please submit the requested documentation. Information in the contract also does not specify guaranteed number of years to payout. Please clarify via documentation.

Bank Account ending in [REDACTED]
Provide deposit source 10/11/22 \$60,000.

Bank Account ending in [REDACTED]:
Provide bank statements 6/1/18 to 12/31/20. For transactions \$1,000 or more, send cleared checks, explanation of funds spent and any related bills. Noted transfer to [REDACTED] June 2021. If this is your account, send statements 6/1/18 to present. If closed, submit verification. If not your account, please verify.

Bank Account ending in [REDACTED]
Send statement 3/1/22 to 3/31/22. For transactions \$1000 or more, provide copies of cleared checks, explanation of funds spent and any related bills.

With MassHealth's response, the record closed.

Findings of Fact

Based on a preponderance of the evidence, I find the following:

1. The appellant is over the age of 65 and is a resident of a nursing facility (Testimony and Exhibit 4).
2. There was a reapplication on January 2, 2024 which is the controlling application date (Testimony and Exhibit 5).
3. On January 16, 2024, MassHealth issued a request for information with a due date of April 15, 2024 (Exhibit 5).
4. MassHealth did not receive all the requested verifications and, on April 22, 2024, issued a denial notice for failure to provide all requested verifications within the required time frame. This is the notice under appeal. (Testimony and Exhibit 1).

5. Verifications outstanding included information on an annuity, various bank statements with verification of withdrawals and deposits for multiple accounts, and a private pay statement (Testimony and Exhibit 5).
6. The record was held open until June 19, 2024 for the appellant to submit the outstanding verifications. MassHealth was given until July 3, 2024 to review and respond to the appellant's submission. (Exhibit 6).
7. The appellant submitted records on June 19, 2024 (Exhibit 7).
8. Upon review of those records on June 24, 2024, MassHealth stated that the following verifications remained outstanding:

Annuity ending in [REDACTED]: information received does not show the purchase price and copy of check used to purchase annuity, or verification that the Commonwealth of MA is listed as beneficiary with the annuity company, as previously requested. Please submit the requested documentation. Information in the contract also does not specify guaranteed number of years to payout. Please clarify via documentation.

Bank Account ending in [REDACTED]
Provide deposit source 10/11/22 \$60,000.

Bank Account ending in [REDACTED]:
Provide bank statements 6/1/18 to 12/31/20. For transactions \$1,000 or more, send cleared checks, explanation of funds spent and any related bills. Noted transfer to [REDACTED] June 2021. If this is your account, send statements 6/1/18 to present. If closed, submit verification. If not your account, please verify.

Bank Account ending in [REDACTED]:
Send statement 3/1/22 to 3/31/22. For transactions \$1000 or more, provide copies of cleared checks, explanation of funds spent and any related bills.

Analysis and Conclusions of Law

Pursuant to 130 CMR 515.008(A), an "applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility..." After receiving an application for MassHealth benefits, MassHealth proceeds as follows:

The MassHealth agency requests all corroborative information necessary to determine eligibility.

(1) The MassHealth agency sends the applicant written notification requesting the corroborative information generally within five days of receipt of the application.

(2) The notice advises the applicant that the requested information must be received within 30 days of the date of the request, and of the consequences of failure to provide the information.

(130 CMR 516.001(B)). "If the requested information...is received [by MassHealth] within 30 days of the date of the request, the application is considered complete....If such information is not received within 30 days of the date of the request, MassHealth benefits may be denied."
(130 CMR 516.001(C).)

MassHealth denied the appellant's application for failure to submit all requested information needed to determine the appellant's eligibility within the required time frame. The appellant was granted a record open period to submit those missing verifications. At the close of the record open period, MassHealth had received some of the missing verifications, but was still missing multiple records that had been requested in both the January 16, 2024 request for information and the April 22, 2024 denial, as well as the May 2, 2024 request for information related to the newly filed April 21, 2024 application. As the appellant has failed to submit all requested verifications, this appeal is denied.

Order for MassHealth

None.

Notification of Your Right to Appeal to Court

If you disagree with this decision, you have the right to appeal to Court in accordance with Chapter 30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Alexandra Shube
Hearing Officer
Board of Hearings

[REDACTED]

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104